

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">22</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>		
Mailing Address PO Box 388			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">400.80</div>		
City Alexandria		State VA	Zip Code 22313-0388		
Purpose of Expenditure IE-Sasse-Online Processing		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : E2473E074C5C24A51915 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">22</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>	
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NE		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">95662.27</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Alliance Strategies Group Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>		
Mailing Address 7700 Congress Ave Ste 3208			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8487.20</div>		
City Boca Raton		State FL	Zip Code 33487-1358		
Purpose of Expenditure IE-Sasse-Email List Rental		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : E78EE28607F654EB89D5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">31</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>	
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NE		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">104149.47</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">8888.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">31</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div> </div>		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 29 / 2014	
Mailing Address 5 Mapleton Rd Ste 300		Amount 279473.00	
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : E81BDA7A230004D4FB68 Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014
Purpose of Expenditure IE-Sasse-Media Buy		Category/Type	
Name of Federal Candidate Benjamin E Sasse		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 383622.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	279473.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	288361.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY
03 / 31 / 2014

Signature